

PART B - FEE(S) TRANSMITTAL

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72932 7390 08/23/2010

Steinfl & Bruno
301 N Lake Ave Ste 810
Pasadena, CA 91101

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ELECTRONIC SUBMISSION

(Depositor's name)

/ Jason Varner /

(Signature)

November 9, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/551,721	10/03/2005	Laura RAUS	P268-US	6180

TITLE OF INVENTION: PNEUMATIC INSTRUMENT FOR TISSUE REMOVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/26/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WAGGLE, JR, LARRY E	3775	606-084000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-07, more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:
 (1) the names of up to 3 registered patent attorneys or agents OR, alternately,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Steinfl & Bruno LLP

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Laura RAUS

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Rome, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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- A check is enclosed.
- Payment by credit card Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4194. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature / Alessandro Steinfl 56, 448 /

Date November 9, 2010

Typed or printed name Alessandro Steinfl

Registration No. 56,448

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